

DEPARTMENT OF RECREATION, PARKS AND CULTURAL ACTIVITIES

1108 Jefferson Street Alexandria, Virginia 22314

Phone (703)746-4343 Fax (703)838-6344

James B. Spengler Director

August 31, 2012

Cheerleading Coach,

The Alexandria Department of Recreation, Parks and Cultural Activities will host the Alexandria Holiday Invitational for recreation level teams on Saturday, December 15 at T.C. Williams High School at 11:00 a.m. The school is located at 3330 King Street, Alexandria, VA. We would love for your team to compete and be a part of our competition. The entry fee for the competition is \$5.00 per cheerleader. Limited space is available and registration will only be confirmed with payment.

We have made some changes to this year's competition. Teams will be able to compete in levels in each division. The competition will follow the safety and cheer level rules established by the U.S. All Star Federation. The rules accompany this letter and can be found at www.usasf.net. The competition will feature three age divisions; Pee Wee (ages 8 & under), Youth (12 & under) and Junior (16 & under). Crossovers can be included for \$10.00 for each crossover. Every team will receive a team trophy at the awards presentation after the competition. The time limit for team performances is 2:30.

Cheerleaders will also have the opportunity to compete in the jump off/tumble off for \$5.00. The jump off/tumble off will take place in the auxiliary gym before the competition begins. Participants can register the day of the competition for the jump off/tumble off.

Tickets can be purchased in advance beginning November 19 for \$5.00 (ages 13 & older) and \$2.00 (ages 5 – 12) from the Lee Center, Charles Houston Recreation Center, Cora Kelly Recreation Center and William Ramsay Recreation Center. Tickets will also be sold at the door for \$10.00 (ages 13 & older) and \$5.00 (ages 5 – 12). Children ages 4 and under will be admitted free of charge.

If your team is interested in competing, please return the team registration form, roster form, waiver release forms and cashier's check or money order by November 2 to the following address: ATTN: Alexandria Invitational/Recreation Services Division, 1108 Jefferson Street, Alexandria, VA, 22314. The check or money order should be made payable to the City of Alexandria. Teams will receive a confirmation once we receive team registration information and payment.

Feel free to contact the Youth Sports Office at 703.746.5402 or email tamika.coleman@alexandriava.gov for more information.

Sincerely,

Tamika Coleman

Tamika Coleman Recreation Manager – Youth Sports



Alexandria Department of Recreation, Parks and Cultural Activities Recreation Services Division 1108 Jefferson Street Alexandria, VA 22314 Office: 703.746.5402



www.alexandriava.gov/recreation

TEAM ROSTER ALEXANDRIA INVITATIONAL

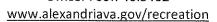
Organization Information				
Organization Name				
Team Name				
Division	Level	,		
Coach #1	Coach #2			

	Participant's Name	Date of Birth	Age	Gender (M/F)
1				
2				
3				
4				
5				
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7				
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Alexandria Department of Recreation, Parks and Cultural Activities
Recreation Services Division
1108 Jefferson Street

Alexandria, VA 22314 Office: 703.746.5402





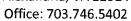
MEDICAL AND PHOTOGRAPHY RELEASE FORM ALEXANDRIA INVITATIONAL

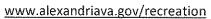
PLEASE PRINT INFORMATION		
Participant Name:Organization Name:	Date of Birth:	
Name of Parent/Guardian:		
Address:		
Phone:	Cell Phone:	
Email Address:		
MEDICA Please list participant's allergies to medication, cu medical conditions that could impair participant's	s performance:	
In consideration of the City of Alexandria, Departs conducting various programs and allowing undersigned, realizing the risk of injury attendant discharge the City of Alexandria, its officers, agent Department of Recreation and its supervisors, fro demands for , upon or by reason of any injury whi participation in such programs. The participant his physically capable of competing in the sport of chipermission to verify the participant's birth date at registration information of each participant is pro and Cultural Activities (ADRPCA) for recreation probability.	to such programs, does/do he ts and employees including but om any and all actions, causes o ich hereafter at any time may k as had a physical exam within the erleading. I also give the Recort his/her school. Per the City of evided to the Alexandria Department of the control	to participate, the creby release and forever t not limited to the of action, claims and be sustained by the last 12 months and is reation Department of Alexandria policies, tment of Recreation, Parks
By signing below, I have read and agree to the		
Participant Signature	Date	
Parent/Guardian Signature	Date	



Alexandria Department of Recreation, Parks and Cultural Activities Recreation Services Division

1108 Jefferson Street Alexandria, VA 22314







REGISTRATION FORM ALEXANDRIA INVITATIONAL

Organization Information	Contact Person's Information			
Organization Name	Contact Person's Name			
City/State	Mailing Address			
Daytime Phone Evening Phone	City, State and Zip Code			
Fax#	Email Address			
Team Name How it should appear on schedule and program book	Division & Level Total # of Cheerleaders			
1				
2				
4				
5				
How to Register: Please complete this form to register up to 5 teams. Include one payment per program. Mail registration to: Alexandria Invitational/Recreation Services Division 1108 Jefferson Street Alexandria, VA 22314 This registration agreement is an agreement between you, the team/organization registered above and the City of Alexandria, Recreation Department, which governs the terms and conditions which the City of Alexandria will conduct the event. As the responsible party for this registration and team/organization named above, I acknowledge that I have read the payment policies, weather related policy and cancellation policy governing events hosted by the City of Alexandria. Furthermore, I fully understand the financial responsibilities associated with this registration and accept liability for any and all debts incurred as a result of this registration.	Payment Information Team Cheerleaders X \$5 = Crossovers X \$10 = Total Balance Due: Payment Options: Please check one			
Print Name	All balances must be paid by November 2, 2012.			
Signature Date				